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Paralegal Specialist
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10/030361		
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.		*	*
1	/	/	/			51		
2	/	/	/			52		
3	/	/	/			53		
4	/	/	/			54		
5	/	/	/			55		
6	/	/	/			56		
7	/	/	/			57		
8	/	/	/			58		
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45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	/	/	/			TOTAL IND.		
TOTAL DEP.	/	/	/			TOTAL DEP.		
TOTAL CLAIMS	/	/	/			TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS